

**Return & Adjustment Form**

Provider Name: \_\_\_\_\_ PIN: \_\_\_\_\_  
 Address: \_\_\_\_\_ Suite: \_\_\_\_\_  
 City & Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccine Type & Manufacturer	Lot #	Expiration Date	Adjustment Code*	Total Doses

**Open multi-dose vials are not transferable. Please keep and use them until they expire then mail back to our office.**

**\*ADJUSTMENT CODES (Choose from one of the following codes)**

- |   |   |
|---|---|
| 2. Returned to VFC office in usable state             | 8. Vaccine transferred from your office to another location (enter name, pin #, and address in comment section) |
| 3. Wasted vaccine (explain in comment section)        | 11. Lost or unaccounted for in provider inventory   |
| 4. Expired vaccine                                    | 12. Other – not usable, reported by provider  |
| 5. Damaged in transit (explain in comment section)*   |   |
| 6. Failure to store properly upon receipt by provider |   |
| 7. Refrigeration failure reported by provider*        |   |

**NOTE:** Use of Code 7 or 8 requires prior approval from VFC.

\*Comments, or Name, Address, & PIN of Provider receiving vaccines in transfer. Signature needed. (with VFC Approval):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For ADHS Use only below this line.**

☐ VFC Staff Pick Up \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_

☐ Temperature Logs Attached

Or: ☐ Mailed by Provider

☐ Billable

☐ Non-Billable

☐ Viable

☐ Non-Viable

**\*Billable if you exceed 5% of your yearly vaccine orders.**

## How to Complete the R & A Form

Use this form for any adjustments to VFC vaccine inventory. Before returning any vaccine to the address below, please contact the Vaccine Management Center at **(602) 364-3642** for packaging instructions. Providers returning vaccine are responsible for all return shipping costs on expired and wasted vaccines.

- 1) Enter provider or facility name.
- 2) Enter your provider identification number (PIN). If you do not know your PIN, please call the Vaccine Management Center.
- 3) Enter Provider or facility's complete address and phone.
- 4) Enter the name of the person completing the form.
- 5) Enter the date the form is completed.
- 6) Enter the vaccine type, manufacturer and lot number of the vaccine requiring inventory adjustment.
- 7) Enter the adjustment code (reason) from the list provided.
- 8) Enter the number of doses requiring inventory adjustment.
- 9) If vaccine is being transferred to another provider or facility, complete the name, address, and PIN of the facility receiving the vaccine. Fax a copy of the Return & Adjustment Form to the Vaccine Management Center at **(602) 364-3276**.

**Note: Transfer of vaccine between agencies or facilities requires prior approval from the Vaccine Management Center. This includes different offices in the same practice.**

- 10) Keep a copy of the Vaccine Return & Adjustment Form for your files.
- 11) Send original of the Vaccine Return & Adjustment Form to:

**Arizona Immunization Program Office  
Vaccine Management Center  
150 N. 18<sup>th</sup> Ave., Suite 120  
Phoenix AZ 85007-3233**